Pennsylvania Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER. IDENTIFICATION NUMBER 390041 NAME OF PROVIDER OR SUPPLIER: UNIONTOWN HOSPITAL STATE LICENSE NUMBER: 470901 | | STREET ADDRESS, 500 WEST BE | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: O7/25/2023 REET ADDRESS, CITY, STATE, ZIP CODE: 00 WEST BERKELEY STREET NIONTOWN, PA 15401 | | EY | | |
|---|--|-----------------------------|---|---|--------|------------|--|
| (X4) ID PREFIX TAG | SUMMARY STATEMENT MUST BE PRECEEDI IDENTI | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CX5) COMPLETE DATE | | COMPLETE | |
| P 0000 | This report is for new equipment: Resmed ApneaLink Air Home Sleep Testing Devices (10) to be used beginning September 18, 2023. The Uniontown Hospital attested they were in full compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Hospitals, 28 PA Code, Part IV, Subparts A and B, November 1987, as amended June 1998. | | | P 0000 | | | |
| LABORATORY | DIRECTOR'S OR PROVIDER/SUPPLI | ER REPRESENTATIVE'S SIGN | ATURE | | TITLE: | (X6) DATE: | |

State Form ELLZ11 IF CONTINUATION SHEET Page 1 of 1



Certified End Page

UNIONTOWN HOSPITAL

STATE LICENSE NUMBER: 470901 SURVEY EXIT DATE: 07/25/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY